

MILITARY INTERNATIONAL HIV/AIDS TRAINING PROGRAM

Needs Assessment for Allied Military Medical Professionals

General Information:

Name _____ Military rank _____

Workplace _____ City and Country _____

Degree _____ Current job title _____

Current job duties _____

Work Information:

☐ Please e-mail or fax **both** ☐ Your curriculum vitae **AND** ☐ Current medical license

Work address: _____

Work phone number: _____ Work e-mail address: _____

Point of contact (POC) at work (name/relationship): _____ / _____

POC work phone number: _____ POC e-mail: _____

Personal Data:

Spouse/Partner? ☐ YES ☐ NO Children? ☐ YES ☐ NO

Your home address: _____

Home telephone number: _____ Home e-mail: _____

In case of emergency, notify: _____ Relation to you: _____

Their work phone number: _____ Their home phone: _____

Do you have relatives or friends in the United States? ☐ YES ☐ NO

If yes, Their Name / Relation / Phone number / State of residence:

_____/_____/_____/_____

_____/_____/_____/_____

Dietary Requirements/Requests: _____

General Medical:**Your Initials:** _____Allergies/sensitivities (food, medications, pollens, etc.): _____ ☐ NoneCurrent medical conditions: ☐ None, or ☐ Seizures ☐ Migraine headaches ☐ Diabetes☐ Asthma or COPD ☐ Heart disease/hypertension ☐ Chronic sinus conditions☐ Panic attacks ☐ Other _____ Comments: _____**How would you rate your English?**Speaking ability? ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POORReading ability? ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR**Will you be traveling with a laptop computer?** ☐ YES ☐ NO**Epidemiology Experience:**Have you had classes/programs specific to epidemiology? ☐ None ☐ As below

Title: _____ Date: _____

Title: _____ Date: _____

Statistical Analysis Experience:Have you had training specific to statistics and analysis? ☐ None ☐ As below

Title: _____ Date: _____

Title: _____ Date: _____

Computer Experience: ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR ☐ NONE

Which programs are you interested in learning more? Please prioritize the following choices according to your interests, with #1 representing your strongest interest in computer training.

Word Processing:

____ Microsoft Word

Presentation Graphics Program:

____ Microsoft PowerPoint

Statistical/Database Programs :

____ Microsoft Excel

____ Microsoft Access

____ Other: _____

Data Collection:

Your Initials: _____

Currently using: ☐ Paper charts/records ☐ Computer charts ☐ Database: _____

Goals for data collection and analysis in your medical setting include: _____

Formal HIV-Related Training:

Clinical HIV Experience:

Approx. # probable HIV/AIDS patients you cared for during your whole career: _____

Number of probable HIV/AIDS patients you cared for over the past 6 months: _____

Number HIV/AIDS patients you have treated with ARVs during your career? _____

Number HIV/AIDS patients have you treated with ARVs over the past 6 months: _____

Reasons for stigma of HIV in your military and cultural setting: _____

Overall prevalence of HIV in your country: _____

Five most common opportunistic infections seen in probable HIV population: _____

Do you have interest in HIV within the pediatric/adolescent population? ☐ YES ☐ NO

Is there routine use of pneumococcal vaccine in your country? ☐ YES ☐ NO

Significant non-HIV health problems and tropical diseases seen: _____

Home Country HIV Technical Capabilities:

Your Initials: _____

What kind of HIV testing is available? _____ ☐ None

Confirmatory testing process used: _____

Voluntary-Counseling-Testing sites in military? ☐ NO ☐ YES; # Active sites: _____

Who performs the HIV testing? (lab, counselors, medical staff, etc.) _____

How long does it take to process the HIV test results? _____

What estimated percentage of people return for their HIV test (or confirmatory) results?

☐ 0% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

When is HIV testing **required** in your military hospital/clinic setting? _____

Which laboratory tests are available?

ELISA ☐ NO ☐ YES, on site ☐ YES, local ☐ YES, mailed out

Western Blot ☐ NO ☐ YES, on site ☐ YES, local ☐ YES, mailed out

p24 Antigen ☐ NO ☐ YES, on site ☐ YES, local ☐ YES, mailed out

Viral Load ☐ NO ☐ YES, on site ☐ YES, local ☐ YES, mailed out

CD4 Count ☐ NO ☐ YES, on site ☐ YES, local ☐ YES, mailed out

Is HIV treatment available? ☐ YES ☐ NO

If yes, which treatments? List the antiretroviral medications available: _____

Is opportunistic infection testing available? ☐ YES ☐ NO

If yes, what types of testing? _____

Are there treatment options for opportunistic infections? ☐ YES ☐ NO

If yes, what types? _____

Is Septra used for prophylaxis within the clinic setting ? ☐ YES ☐ NO When ? _____

Your Initials: _____

Do you have TB culture capability? ☐ YES ☐ NO

If not, what is the distance to the closest facility with this capability? _____

Health Communications Training:

Health Communication Education (list **courses & skills**): _____

Health Communication and Prevention Education **Needs** : _____

Mental Health and HIV: Specific interest in this area? ☐ NO ☐ YES: _____

Home Country Technical Capabilities:

Are there potential places for video-conferencing locally that could be used for training & communicating purposes? ☐ YES ☐ NO. If so, please list possibilities with contact info:

Will you be able to go to the American Embassy in-country for an upcoming conference call
with some of the program staff prior to your departing for the U.S.? ☐ YES ☐ NO

Your Embassy point of contact will call in to join us on an international line using a provided access code. _____

What are YOUR educational goals to accomplish while here?

Your Initials: _____

We would like to hear any **interesting HIV cases you have within your practice**. Would you **bring 2-3 cases for group discussion and mutual learning?** ☐ YES ☐ NO

Pictures, slides, overheads, or PowerPoint presentations are welcomed. **Please list details of cases:**

Please attach a short bio on an extra sheet (or write out below). This will be shared with the colleagues in training (your paragraph to include your background, past experience, any research interest).

Other Comments or Requests:

Signature: _____ Date: _____

**When completed, e-mail forms or fax all pages to the Director of the Military International HIV Training Program at
001-619-553-8383.

E-mail mihtp@nhrc.navy.mil to notify the Program Director that the forms have been faxed.
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